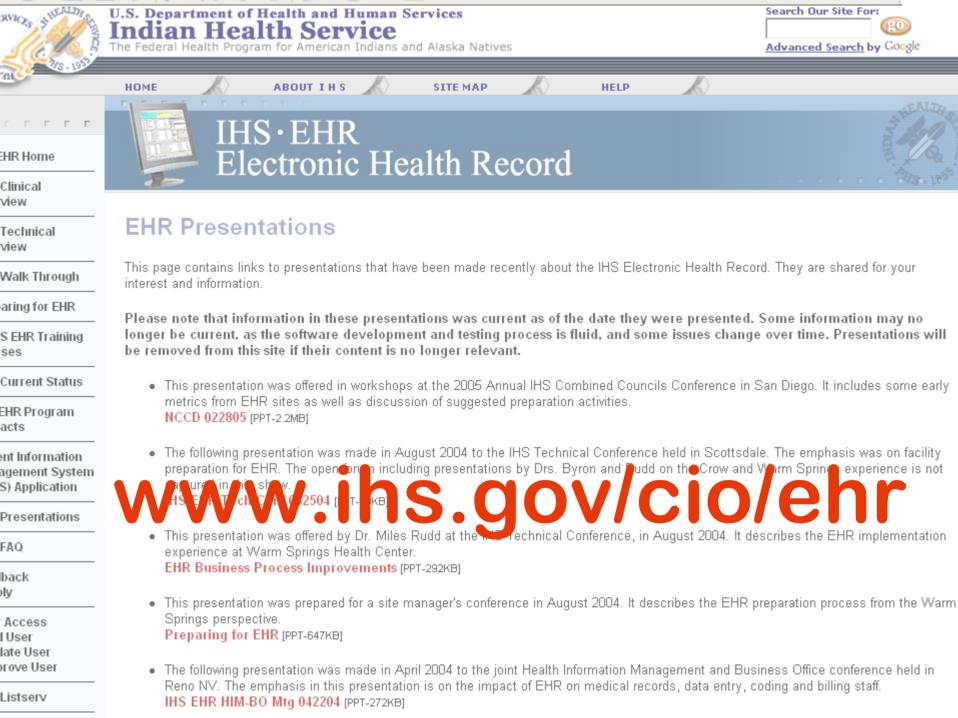# *Integrated Behavioral Health and the*
IHS Electronic Health Record

Denise Grenier, MSW, LCSW

Howard Hays, MD, MSPH

OIT Technical Conference

June 28, 2005

U.S. Department of Health and Human Services
Indian Health Service
The Federal Health Program for American Indians and Alaska Natives

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IHS · EHR
Electronic Health Record

EHR Home

Clinical view

Technical view

Walk Through

paring for EHR

S EHR Training ses

Current Status

EHR Program acts

ent Information agement System S) Application

Presentations

FAQ

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Access
l User
late User
prove User

Listserv

EHR Presentations

This page contains links to presentations that have been made recently about the IHS Electronic Health Record. They are shared for your interest and information.

Please note that information in these presentations was current as of the date they were presented. Some information may no longer be current, as the software development and testing process is fluid, and some issues change over time. Presentations will be removed from this site if their content is no longer relevant.

- This presentation was offered in workshops at the 2005 Annual IHS Combined Councils Conference in San Diego. It includes some early metrics from EHR sites as well as discussion of suggested preparation activities.
  NCCD 022805 [PPT-2.2MB]

- The following presentation was made in August 2004 to the IHS Technical Conference held in Scottsdale. The emphasis was on facility preparation for EHR. The open forum including presentations by Drs. Byron and Rudd on the Crow and Warm Springs experience is not ~~captured in this show~~.
  ~~IHS Tech Conf 082504~~ [PPT-~~KB~~]

- This presentation was offered by Dr. Miles Rudd at the IHS Technical Conference, in August 2004. It describes the EHR implementation experience at Warm Springs Health Center.
  EHR Business Process Improvements [PPT-292KB]

- This presentation was prepared for a site manager's conference in August 2004. It describes the EHR preparation process from the Warm Springs perspective.
  Preparing for EHR [PPT-647KB]

- The following presentation was made in April 2004 to the joint Health Information Management and Business Office conference held in Reno NV. The emphasis in this presentation is on the impact of EHR on medical records, data entry, coding and billing staff.
  IHS EHR HIM-BO Mtg 042204 [PPT-272KB]

www.ihs.gov/cio/ehr

Objectives

- RPMS Behavioral Health Applications
- Integrated Behavioral Health in the Electronic Health Record
- Suicide Reporting in RPMS

Behavioral Health Practice in I/T/U

- Many types of BH programs
  - ➢ Hospital or clinic-based mental health and social work programs
  - ➢ Collaborative practices with primary care providers
  - ➢ Stand-alone tribal mental health and chemical dependency programs (Behavioral Health)
  - ➢ Residential treatment centers – adults and youth
- All with particular documentation and data needs and often with multiple funding sources

RPMS BH Applications

- BH Providers using RPMS have been able to document fully for over 10 years

- RPMS MH/SS application since early 1990's

- BHS v3.0 (roll/scroll) released 01/03

- BH GUI released 01/04 in IHS Patient Chart v1.4

Features of RPMS BH Applications

- Encounter documentation
  - ➢ Individual
  - ➢ Group
  - ➢ Administrative
- Suicide Reporting Form
- Treatment Plan and Case Management functions
- BH reports and export
- Security and Confidentiality based on "need to know"
  - ➢ Access to application limited to BH providers
  - ➢ Limited data passage to PCC
  - ➢ Clinical notes can be suppressed
- Graphical User Interface application (BH GUI)

BH GUI

- Component of IHS Patient Chart that supports direct provider entry of clinical data
- Developed with User-centered Design Process
  - ➢ Usability analysis of existing GUI prototype (Patient Chart)
    - Data Collection
    - On-site user interviews
    - Testing of user interface structures
- GUI standards and principles
  - ➢ Clear, comprehensible navigation structure
  - ➢ Screen supports task flow
  - ➢ Reduced visual complexity
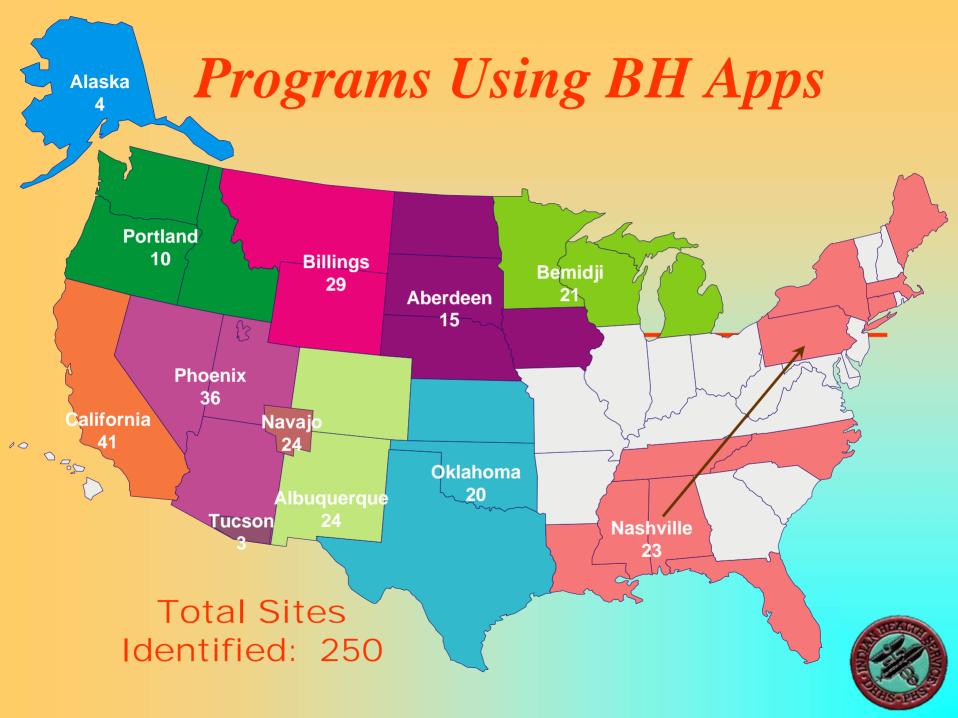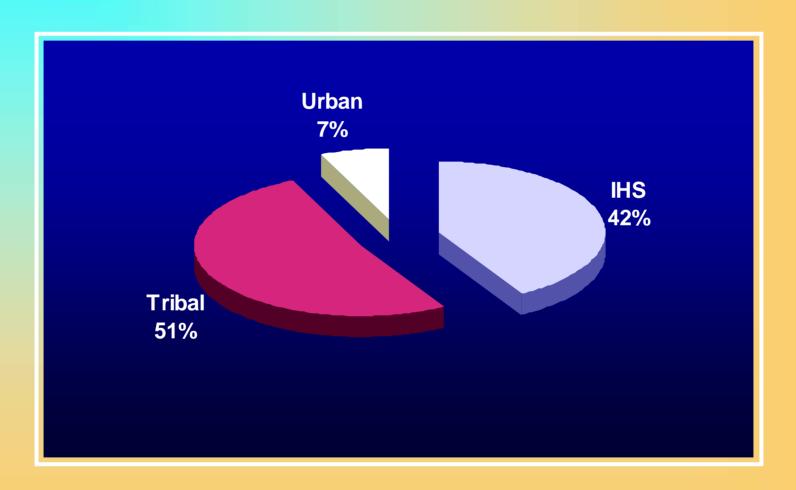 - ➢ Clear label organization and text presentation

IHS Patient Chart - Chart

SAAVEDRA,TAMARA L   F
203031   04/29/1982   23

GRENIER,DENISE in DEMO HOSPITAL

Select New Patient

Main Menu

| Patient Information | Visit | Case Status | Treatment Plan | Suicide Form |

Date	POV	Axis V	Clinic	Activity	Visit Type	Contact Type	Provider
06/17/05	HOUSING		MED...	INFORMATI...	REGULA...	OUTPATIENT	GRENIER,DENI...
06/15/05	FAILED APP...		MED...	GROUP TR...	NO SHOW	OUTPATIENT	GRENIER,DENI...
06/15/05	SUICIDE (CO...		MEN...	FOLLOWUP...	REGULA...	OUTPATIENT	GRENIER,DENI...
06/10/05	PARTNER A...		MEN...	INDIVIDUAL...	REGULA...	OUTPATIENT	GRENIER,DENI...
06/08/05	PARTNER A...		MED...	GROUP TR...	REGULA...	OUTPATIENT	GRENIER,DENI...
06/06/05	HOUSING		MEN...	INFORMATI...	REGULA...	OUTPATIENT	GRENIER,DENI...
06/01/05	ALCOHOL AB...	60	MEN...	ASSESSME...	INTAKE	OUTPATIENT	GRENIER,DENI...
01/14/05	ALCOHOL AB...		MEN...	INDIVIDUAL...	REGULA...	OUTPATIENT	GRENIER,DENI...

Add   Edit   Delete   Print Encounter   Print Record

Cover Face Prob Meds Labs POVs Meas Specials Telnet Hlth Sum XRay Women's Hlth Appts Imm/Ed BH

BH Visit Documentation — **DEMO HOSPITAL**

SAAVEDRA,TAMARA L   F   04/29/1982   23   203031

Primary Provider `GRENIER,DENISE` ▼   **Encounter Date** `6/27/2005` ▼

Program `MENTAL HEALTH` ▼   **Encounter Location** `DEMO HOSPITAL` ▼

Clinic `MENTAL HEALTH` ▼   Appointment or Walk-In `APPOINTMENT` ▼

Type of Contact `OUTPATIENT` ▼   **Community of Service** `TUBA CITY` ▼

Arrival Time `1200`

| POV | CC/SOAP | Rx Notes | Visit Admin | CD STG | Wellness |

POV (DSM Diagnosis or Problem Code)

Axis I: Clinical Disorders; Other Conditions That May be a Focus of Clinical Attention

Axis II: Personality Disorders; Mental Retardation

Code	Narrative	
296.31	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	Add
39	SUICIDE (IDEATION)	Edit
		Delete

Axis III: General Medical Conditions

Axis IV: Major Psychosocial and Environmental Problems

Code	Narrative	
1	PRIMARY SUPPORT GROUP PROBLEMS	Add
9	OTHER PSYCHOSOCIAL AND ENVIRONMENTAL PROBLEMS	Delete

Axis V: Global Assessment of Functioning (GAF) Scale `55`

Save   Close

Current RPMS BH Releases

- BHS v3.0 Patch 4 and BH GUI v1.5
  - ➢ IPV/DV Screening Exam Code & Reports
  - ➢ Enhanced Group functionality
  - ➢ New Activity and Problem codes
  - ➢ Revision of DSM-IV and ICD-9 codes table
  - ➢ Suicide Reporting Form modifications
  - ➢ Release anticipated early July

Programs Using BH Apps

Alaska
4

Portland
10

Billings
29

Aberdeen
15

Bemidji
21

Phoenix
36

California
41

Navajo
24

Albuquerque
24

Oklahoma
20

Tucson
3

Nashville
23

Total Sites
Identified: 250

BH Application Sites

Urban 7%

IHS 42%

Tribal 51%

More than half of programs using RPMS BH applications are non-Federal sites

Integrated Behavioral Health

- IBH is the long-term software solution for BH documentation and data collection

- Integrate care, integrate data
  - ➢Encounter documentation
  - ➢Testing instruments and outcome measures
  - ➢Treatment planning
  - ➢Access to RPMS clinical applications

Funding of IBH Development

- Stevens Bill - Federal legislation directing development of information systems to improve BH services and outcomes

- Funding is administered by the IHS Division of Behavioral Health

  ➢ RPMS BH application development

  ➢ BH data collection, aggregation and reporting (IHPES)

IBH Requirements from SME

- Scheduling and Sensitive Patient Tracking (PIMS)
- Order Entry
  - ➢ Medications
  - ➢ Laboratory
  - ➢ Radiology
- Enhanced Treatment Planning
  - ➢ Interface to COTS application
- Templates
  - ➢ Clinical notes
  - ➢ Biopsychosocial assessments
- Ability to record results of screening, assessment and standardized tests
  - ➢ VHA Mental Health Assistant

Incremental Development of IBH

- Port BH components into EHR
- Integrate Order Entry, TIU, etc. into BH components
- Biopsychosocial and notes templates
- Deploy Suicide Form – BH GUI (Patient Chart), RPMS and EHR
- Treatment planning module
- VHA Mental Health Assistant

Treatment Planning Module

- Standard feature of electronic BH records
- Functional requirements include:
  - ➢ Diagnosis or symptom driven protocols
    - Mental Health and Chemical Dependency
    - Adult, children and youth
  - ➢ Clinical decision support
  - ➢ Extensive date and review tracking with alerts
  - ➢ Outcome Measures
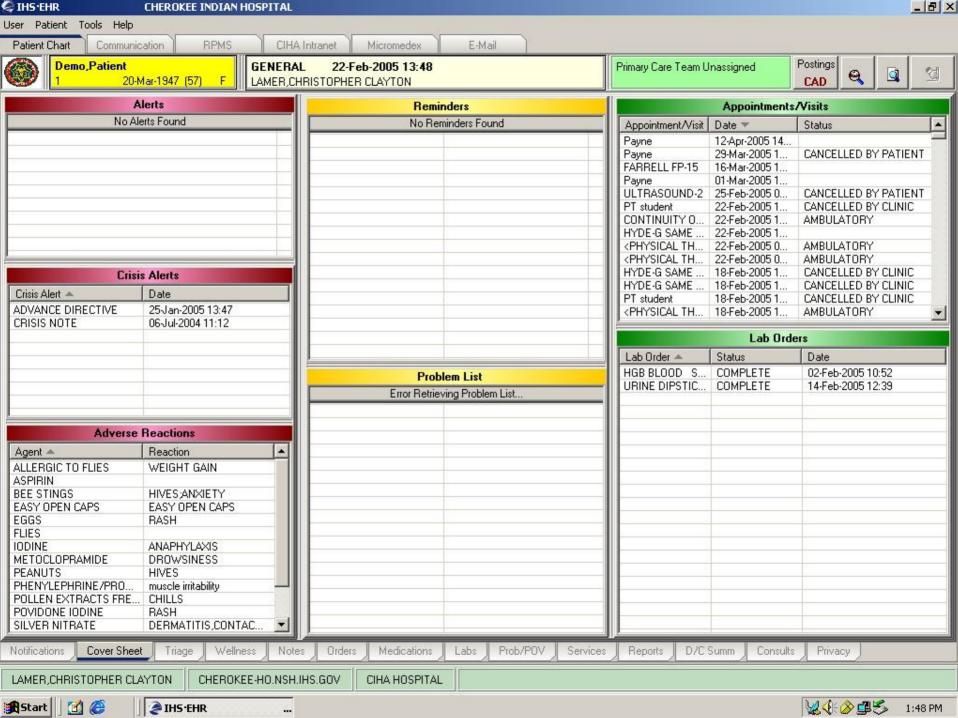 - ➢ Customizable
- RFP is pending FY06 funding

VHA Mental Health Assistant

- Allows BH clinicians the ability to record, store, graph and trend results of:
  - ➢ Screening tools
  - ➢ Assessments
  - ➢ Standardized psychological tests (proprietary and non-proprietary)
- Outcome measures
- Clinical Decision Support
- Sharing agreement with VHA supports importing MHA

IBH in EHR

User   Patient   Tools   Help

| Patient Chart | Communication | RPMS | CIHA Intranet | Micromedex | E-Mail |

Demo,Patient
1   20-Mar-1947 (57)   F

GENERAL   22-Feb-2005 13:48
LAMER,CHRISTOPHER CLAYTON

Primary Care Team Unassigned

Postings
CAD

Alerts

No Alerts Found

Crisis Alerts

Crisis Alert ▲	Date
ADVANCE DIRECTIVE	25-Jan-2005 13:47
CRISIS NOTE	06-Jul-2004 11:12

Adverse Reactions

Agent ▲	Reaction
ALLERGIC TO FLIES	WEIGHT GAIN
ASPIRIN	
BEE STINGS	HIVES;ANXIETY
EASY OPEN CAPS	EASY OPEN CAPS
EGGS	RASH
FLIES	
IODINE	ANAPHYLAXIS
METOCLOPRAMIDE	DROWSINESS
PEANUTS	HIVES
PHENYLEPHRINE/PRO...	muscle irritability
POLLEN EXTRACTS FRE...	CHILLS
POVIDONE IODINE	RASH
SILVER NITRATE	DERMATITIS,CONTAC...

Reminders

No Reminders Found

Problem List

Error Retrieving Problem List...

Appointments/Visits

Appointment/Visit	Date ▼	Status
Payne	12-Apr-2005 14...	
Payne	29-Mar-2005 1...	CANCELLED BY PATIENT
FARRELL FP-15	16-Mar-2005 1...	
Payne	01-Mar-2005 1...	
ULTRASOUND-2	25-Feb-2005 0...	CANCELLED BY PATIENT
PT student	22-Feb-2005 1...	CANCELLED BY CLINIC
CONTINUITY O...	22-Feb-2005 1...	AMBULATORY
HYDE-G SAME ...	22-Feb-2005 1...	
<PHYSICAL TH...	22-Feb-2005 0...	AMBULATORY
<PHYSICAL TH...	22-Feb-2005 0...	AMBULATORY
HYDE-G SAME ...	18-Feb-2005 1...	CANCELLED BY CLINIC
HYDE-G SAME ...	18-Feb-2005 1...	CANCELLED BY CLINIC
PT student	18-Feb-2005 1...	CANCELLED BY CLINIC
<PHYSICAL TH...	18-Feb-2005 1...	AMBULATORY

Lab Orders

Lab Order ▲	Status	Date
HGB BLOOD S...	COMPLETE	02-Feb-2005 10:52
URINE DIPSTIC...	COMPLETE	14-Feb-2005 12:39

| Notifications | Cover Sheet | Triage | Wellness | Notes | Orders | Medications | Labs | Prob/POV | Services | Reports | D/C Summ | Consults | Privacy |

LAMER,CHRISTOPHER CLAYTON   CHEROKEE-HO.NSH.IHS.GOV   CIHA HOSPITAL

Start   IHS·EHR   ...   1:48 PM

Why Release IBH in EHR?

- EHR is the medical record solution for Federal Indian Health sites
  - ➢ Goal is to have all IHS sites using EHR by end of FY 2008
  - ➢ EHR is also available for tribal facilities
  - ➢ EHR is presently used in 22 facilities, 7 of which are tribal
- EHR is already used for BH documentation at some sites (but not in the MH/SS Record)

Why Release IBH in EHR?

- EHR offers features required by BH providers
  - ➢ Computerized provider order entry
  - ➢ Template-based encounter forms with electronic signature
  - ➢ Role-based access to information
  - ➢ Access to RPMS/PCC data and medical notes
  - ➢ Improved information sharing and communication, i.e. notifications and consults

```
                    WARM SPRINGS HEALTH AND WELLNESS CENTER
                                 PO Box 1209
                               1270 Kot-Num Road
                             Warm Springs, OR 97761
                                 FEB 22, 2005


    TEST,WOMAN
    No Current Address Found


    Dear Ms Woman
        We received the results of your recent *   lab    .  The results
    were * normal .
        You recently had a blood test for cholesterol.  Cholesterol is a type
    of fat made by your liver.  It is also found in foods coming from animal
    sources like meat, eggs and dairy.  Too much cholesterol in your system
    can raise your risk for having a heart attack or stroke.

        Cholesterol occurs in the blood in different forms.  The LDL form
    DELIVERS cholesterol to the body.  The HDL form REMOVES cholesterol from
    the body.  Too much LDL is bad for the body, while increased HDL is good.
    The balance of HDL and LDL tells us about your risk for heart disease.

    The following are your results:
    Total Cholesterol  180        A total cholesterol under 200 is
                                  best.   200-240 is borderline high. Over
                                  240 means increased risk for heart disease.

      LDL Cholesterol  124        LDL cholesterol under 130 is best.
                                  Between 130-160 is borderline high. Over
                                  160 means increased risk for heart disease.

      HDL Cholesterol  65         HDL cholesterol under 35 means
                                  increased risk for heart disease.  Levels
                                  over 60 reduce your risk for heart disease.

          Risk Ratio             A ratio of more than 5 means increased
                                  risk for heart disease.  A ratio less than 5
                                  reduces your risk for heart disease.

        Your current levels put you at an overall * decreased  risk for
    heart disease.
        I recommend we recheck these labs in *            ▼ .  Please continue
    to follow a healthy diet and get regular ex
                                               3 months
                                               6 months
                                               12 months
```

| All | None | | * Indicates a Required Field | Preview | OK | Cancel |

What is IHS EHR?

- Server-side RPMS applications
  - ➤ adapted from VHA or developed by IHS
- Client-side Graphical User Interface
  - ➤ VueCentric framework with IHS-customized components
  - ➤ Principal users of the GUI – clinicians
  - ➤ Many others use the GUI for convenience and ease of access, but do not (yet) have GUI access to their applications (e.g. Registration, Lab, Radiology, Pharmacy)

Will EHR Meet All BH Needs?

- Unknown, but possibly not
  - ➤ At present, EHR is complex to install, set up, and maintain
  - ➤ Many smaller sites, especially without medical programs, may not choose this solution
  - ➤ A leaner, simplified version of EHR is being contemplated
  - ➤ In the meantime, BHS and the BH GUI remain capable solutions for BH programs

Patient Chart | Communication | RPMS | CIHA Intranet | Micromedex | E-Mail

Doe,Jane
21 Dec 1957 (f)

PHARMACY   21-Dec-2004 0
LAMER CHRISTOPHER CLAYTON

Cardiovascular Dys

STATINS
Simvastatin 5mg QPM
Simvastatin 10mg QPM
Simvastatin 20mg QPM
Simvastatin 40mg QPM
Simvastatin 80mg QPM

Medication Order

SIMVASTATIN TAB

Display Restrictions/Guidel

Dosage	Complex
40MG	

5MG
10MG
20MG
40MG
80MG

Comments:

Days Supply   Quantity
30   30

SIMVASTATIN TAB 40MG
TAKE ONE TABLET BY MOUTH
Quantity: 30 Refills: 11

Restrictions/Guidelines ☒

```
                  Management of Dyslipidemia
Primary target LDL                      Trig primary target if > 500
Secondary target Non-HDL (= Total Cholesterol - HDL)
--------------------------------------------------------
High Risk = Symptomatic carotid heart disease, diabetes, PAD, AAA, CHD
risk > 20%
    LDL goal < 100 (possibly less than 80 in ACS)


Moderate Risk = 2 or more risk factors
 10 year risk 10-20%
    LDL goal < 130          Start drug  Risk = 0-1 risk factor
    LDL goal < 100


HDL levels -------------------------------------------------------
Statins
LDL decrease 20 to 55% (doubling the dose decreases 6%)
HDL increase 5 to 10% regardless of dose
TG decrease 15 to 30% at higher doses


Ezitimibe (Zetia)
LDL decrease 15 to 18%
HDL increases 3-3.5%
TG no change


Fibrates
LDL decrease 5 to 10% (fenofibrate more than gemfibrozil)
HDL increase 10-25%
TG decrease 20 to 35%


Niacin
LDL decrease 5 to 20%
HDL increase 10 to 25%
TG decrease 20 to 30%
```

Print   Close

SHAKE
Quanti
LINEZ
TAKE ONE TABLET BY MOUTH DAILY
Quantity: 90 Refills: 0
*FERRIC NA GLUCONATE INJ,SOLN
12.5MG/ML
INJECT 125MG INTRAVENOUSLY
WEEKLY
Quantity: 1 Refills: 4
BISMUTH SUBSALICYLATE | Start: 09/13/04 | Lamer,C | | renewed

Notifications | Cover Sheet | Triage | Wellness | Notes | Orders | Medications | Labs | Prob/POV | Services | Reports | D/C Summ | Consults | Privacy

Advantages of the GUI Solutions

- Easy to use, easy to learn
- Legibility of notes
- Data entry at point of care improves data quality and access
- Patient safety and quality of care
- Improved ability to meet accreditation standards and performance measures
  - ➢JCAHO, AAAHC, CARF
  - ➢GPRA – CRS

User   Patient   Tools   Help

Patient Chart | RPMS | Communication

Test,Woman
200010   10-Oct-1959 (45)

RUDD EHR 20 CLINIC   16-Feb-2005
RUDD,STEPHEN M

Postings

A

File   View   Action   Options

Last 100 Signed Notes

Visit: 12/01/04 DM QUARTERLY, RUDD EHR 20 CLINIC, STEPHEN M RUDD, MD (Dec 01,04@08:33)

All signed notes
- Feb 16,05 DIABETES CONSULT REPORT, DM KOEPPING, MARGARET J KOEPP
- Feb 16,05 DM EDUCATION, DM KOEPPING, MARGARET J KOEPPING
- Feb 16,05 ENCOUNTER, RUDD EHR 20 CLINIC, STEPHEN M RUDD, MD
- Feb 08,05 DM CASE MGT, CHART REVIEW, MARGARET J KOEPPING
- Jan 10,05 NURSING BRIEF, WALKIN TRIAGE, SHARON A MILLER
- Dec 29,04 DM QUARTERLY, RUDD EHR 20 CLINIC, STEPHEN M RUDD, MD
- Dec 29,04 NURSING BRIEF, RUDD EHR 20 CLINIC, SHARON A MILLER
- Dec 01,04 DM QUARTERLY, RUDD EHR 20 CLINIC, STEPHEN M RUDD, MD
- Nov 17,04 LIPID REVIEW, CHART REVIEW, SARA L THOMAS
- Nov 17,04 NUTRITION, NUTRITION-THOMAS, SARA L THOMAS
- Nov 17,04 ENCOUNTER, RUDD EHR 20 CLINIC, STEPHEN M RUDD, MD
- Nov 17,04 NURSING BRIEF, RUDD EHR 20 CLINIC, SHARON A MILLER
- Nov 16,04 DM CASE MGT, CHART REVIEW, MARGARET J KOEPPING
- Nov 08,04 ERYTHROPOIETIN, ALT KOEPPING, MARGARET J KOEPPING

nasal congestion. The mouth shows moist mucous membranes. Good dentitio
The oropharynx is cobblestoning.
Neck: Supple. Non-tender. There is no lymphadenopathy, JVD or bruits.
Lungs: Clear to auscultation bilaterally.
Cardiovascular: Regular rate and rhythm without murmurs or rubs.
Abdomen: Soft. Non-tender. Bowel sounds are positive. There is no
 hepatosplenomegaly.
Back: Straight. There is no CVA tenderness.
Extremities: Full range of motion. No joint tenderness. Pulses 2+. There
 is no cyanosis or edema.
Neurological: DTR 2+ bilaterally. There are no focal neurological defici
Skin: Warm and dry. No rashes.
Psychiatric: Alert and oriented x 3. Normal mood and affect.

LABS/RADIOLOGY:
    Test Name   Result   Units   Range
HB AIC   10.4 H   %   4-6

ASSESSMENT:
 1) TYPE 2 DIABETES [P]
 2) HYPERTENSION
 3) HYPERLIPIDEMIA
 4) DIABETIC NEPHROPATHY
 5) OBESITY

PLAN: We are going continue current medications. Will add sulfonylurea t
her regimen.

PATIENT EDUCATION:

▽ Templates

New Note

Diagnoses: TYPE 2 DIABETES (Primary), HYPERTENSION, HYPERLIPIDEMIA, DIABETIC
NEPHROPATHY, OBESITY, ASTHMA-MILD,INTERMITTENT
Procedures: ,

Privacy | Notifications | Triage | Wellness | Cover Sheet | Notes | Prob/POV | Orders | Labs | Services | Reports | Consults

JOHNSON,CAROLYN | W-SPRINGS-HC.PORTLAND.IHS.GOV | WARM SPRINGS | 22-Feb-2005 12:49

Suicide Reporting in RPMS

Agency Initiative

GPRA Clinical Performance Measure

Suicide in Indian Country

- Suicide rates for AI/AN range from 1.5 to over 3 times the national average for other groups*

- AI/AN youth aged 15-24 have highest rate, all populations (CDC)

- 5th leading cause of death overall for males*

- Young people aged 15-34 make up 64 percent of all suicides*

- While suicide rates for all other racial groups declined from 1990 through 1998, they continued to increase for Native Americans.

* *Trends in Indian Health, 2000-2001*

IHS Director's Performance Contract

- Develop national suicide surveillance system by the end of FY04 and deploy by the end of FY05.
  - ➤ Part of a larger DHHS and Agency Initiative on Suicide Prevention
  - ➤ IHS National Suicide Prevention Committee
    - Goal 11: Improve and expand surveillance systems

GPRA Suicide Clinical Indicator

- The purpose of the GPRA suicide clinical indicator is to support suicide prevention by collecting comprehensive data on the incidence of suicidal behavior.

  ➢ 2005 – Integrate the RPMS Behavioral Health suicide surveillance tool into RPMS

  ➢ 2006 – Establish baseline data on suicide using the RPMS suicide reporting tool

Suicide Reporting in RPMS

- Suicide Reporting Form (SRF) released in RPMS BHS v3.0 and BH GUI January 04

  ➢ Accessible by BH providers only

- SRF to be released in RPMS PCC and EHR by end of FY05

  ➢ Accessible by Primary Care, ED and other providers

- Baseline suicide data FY06

Suicide Reporting in RPMS

- Data Entry Option – a "SF" (suicide form) mnemonic will be created to support data entry from paper forms

- Provider Entry Option – this is a "stand-alone" option that can be put on a provider's menu

- Released as part of the Data Entry package

- The SF menu option is controlled by a key; only providers will be given the SF menu option

- All completed suicide forms reside in the MH/SS Record Suicide Form .01 field

- Completed suicide forms are not attached to a Visit

- Data is sent to the National Programs database via BH export

- Reports in PCC will be modeled on the existing BHS reports

Using the Suicide Reporting Form

- ## When is it used?
  - Patient reports suicide ideation with intent and plan; patient presents at ED after an attempt; provider informed of completed suicide

- ## What data does it collect?
  - Standard epidemiological and demographic data
  - Method, location, previous attempts, contributing factors, etc.

- ## How is the form completed?
  - Paper-based
    - Suicide Reporting form completed by provider then given to Data Entry (PCC or PCC+)
  - Direct Provider Entry
    - BHS v3.0 or BH GUI
    - EHR

IHS•EHR (Test)

User   Help

Adams,Claire Kimimila
8581   29-May-1964 [41]

Visit not selected
DOCTOR,TEST

Primary Care Team Unassigned

No Postings

Behavioral Health Suicide Incident Entry Form

Adams,Claire Kimimi	Sex: Female	DOB: 5/29/1964	Age: 41	SSN: 517-44-0796

GENERAL INFORMATION:

Local Case Number: 1

Provider: ACTON,ERIC

Date of Act: 6/24/2005

Community Where Act Occurred: CROW AGENCY

RELATIONSHIP/EMPLOYMENT/EDUCTATION INFORMATION:

Relationship Status: MARRIED

Education Level: COLLEGE GRADUATE

Employment Status: UNEMPLOYED

ACT INFORMATION:

Self Destructive Act: COMPLETED SUICIDE

Location of Act: HOME OR VICINITY

Previous Attempts: 2

Lethality: HIGH

Disposition: OUTREACH TO FAMILY/SCHOOL/COMMUNITY

Method | Substance Use | Contributing Factor(s) | Narrative

- ☐ Gunshot
- ☑ Hanging
- ☐ Motor Vehicle
- ☐ Jumping
- ☐ Stabbing/Laceration

- ☐ Carbon Monoxide
- ☑ Overdose
- ☐ Unknown
- ☐ Other:

Overdosed Using

Substance Name	
ALCOHOL	
NON-PRESCRIBED OPIA...	

Add   Edit   Delete   Clear

Save   Close

Behavioral Health | AdminEntry | Case Status | Groups | Patient Information | Treatment Plan | Visit | Suicide Form | Notes

DOCTOR,TEST | CROW-TEST.BIL.IHS.GOV | CROW HO | 24-Jun-2005 14:56

Discussion

www.ihs.gov/cio/bh

www.ihs.gov/cio/ehr